U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 25 017

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.		4. Name, file number, and address of labor organization.
Name Paul	T Carton	Name Inter. Union of Elev. Constructors Local 33 よりし Labor Organization File Number 037-74ず
P.O. Box, Bidg., Room No., if any		P.O. Box, Building and Room Number, if any
Street 2000 Walker, Suite M		Street 2000 Walker, Suite M
City Des Moines		City Des Moines
State Iowa	ZIP Code + 4 50317	State Iowa ZIP Code + 4 50317
5. Position in labor organiz	ation. Executive Board	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		7.b. Amount.
Street		
City		
State	ZIP Code + 4	
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information		

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

on 2-28-06

(515) 262-0120

Telephone Number

Name of Person Filing Paul Carton	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name National Elevator Industry Education Program Trade Name, if any: NEIEP P.O. Box, Bldg., Room No., if any Street Eleven Larsen Way City Attleboro Falls State Massachusetts ZIP Code + 4 02763	a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Wages for working as NEIEP apprenticeship instructor.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any			
Street City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		